

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**10/555074**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1	1			
3		2	1			
4	1			3		
5	1		1			
6		(1)		4		
7		(1)		4		
8		(1)		4		
9		(1)		4		
10		(1)		4		
11		(1)		4		
12		(1)		4		
13		(1)		4		
14		(1)		4		
15		(1)	1			
16		(1)		4		
17	1			1		
18		1		1		
19		(1)		1		
20		(1)		2		
21		(1)		2		
22		(1)		2		
23		(1)		2		
24		(1)		4		
25				4		
26				4		
27				4		
28				4		
29				1		
30				4		
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50						
TOTAL IND.	4	↓	5	↓		↓
TOTAL DEP.	21	←	67	←		←
TOTAL CLAIMS	25		72			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						